

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue NW

Suite 500 South Building

Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106740

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Robert Borchardt

Signature of Treasurer

Electronically Filed by Mr. Robert Borchardt

Date

0 1

2 8

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**  
Transaction ID :

The Amerigroup receipt in the amount of \$2,500 was transferred out on 1/27/2011 /per 11CFR 103.3.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 55

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M M  
1 1D D  
2 3Y Y Y Y  
2 0 1 0

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		125395.88
(b) Cash on Hand at Beginning of Reporting Period .....	94804.76	
(c) Total Receipts (from Line 19) .....	16987.53	238564.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	111792.29	363960.67
7. Total Disbursements (from Line 31) .....	11131.22	263299.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	100661.07	100661.07
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	15789.58	143016.91
(ii) Unitemized .....	1197.95	11403.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16987.53	154419.92
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	79500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16987.53	233919.92
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1644.87
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16987.53	238564.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16987.53	238564.79

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	131.22	1758.60	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	131.22	1758.60	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	235191.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	5000.00	
29. Other Disbursements.....	3000.00	21350.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11131.22	263299.60	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11131.22	263299.60	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	16987.53	233919.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16987.53	228919.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	131.22	1758.60
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1644.87
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	131.22	113.73

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 55

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

AMERIGROUP Corporation

Mailing Address 4425 Corporation Lane

City

Virginia Beach

State

VA

Zip Code

23462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: 71C3E8A466CA18ECB34

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-1

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-1

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-1

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

541.66

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-2

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-3

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-3

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

291.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-3

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-7

Amount of Each Receipt this Period

104.17

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-7

Amount of Each Receipt this Period

104.17

**SUBTOTAL** of Receipts This Page (optional) .....

250.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-7

Amount of Each Receipt this Period

104.17

**B.**

Full Name (Last, First, Middle Initial)

Rebecca Cole

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Public Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-9

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Rebecca Cole

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Public Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-9

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

145.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Rebecca Cole

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Public Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-9

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Research Associate, Clinical Po

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-11

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Research Associate, Clinical Po

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-11

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

41.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Research Associate, Clinical Po

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-11

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-12

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-12

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

135.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-12

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Cynthia Depew

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Manager of Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-13

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Cynthia Depew

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Manager of Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-13

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

104.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Randolph Desonia

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-14

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Randolph Desonia

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-14

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Randolph Desonia

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-14

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Katie Dunning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-15

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Katie Dunning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-15

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Katie Dunning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-15

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Paul Eiting

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-16

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Paul Eiting

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-16

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Paul Eiting

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-16

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-17

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-17

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-17

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-18

Amount of Each Receipt this Period

27.08

**B.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-18

Amount of Each Receipt this Period

27.08

**C.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-18

Amount of Each Receipt this Period

27.08

**SUBTOTAL** of Receipts This Page (optional) .....

81.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

William Gracey

Mailing Address 1 Cameron Hill Cir

City

Chattanooga

State

TN

Zip Code

37402-9815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BlueCross BlueShield of  
Tennessee

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: 8F4ACBED9DDB79A2B90

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Special Assistant To President and Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-20

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Special Assistant To President and Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-20

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

666.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To President and Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-20

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.28

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-21

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.28

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-21

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

145.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.28

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-21

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Karen Ignagni

Mailing Address 601 Pennsylvania Ave NW  
S Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 1 0

Transaction ID: A1993EA1EAFE51AAE35

Amount of Each Receipt this Period

5000.00

Personal Contribution

**C.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-22

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

5114.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-22

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-22

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-23

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

208.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-23

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-23

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-24

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

208.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-24

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-24

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-25

Amount of Each Receipt this Period

104.17

**SUBTOTAL** of Receipts This Page (optional) .....

354.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-25

Amount of Each Receipt this Period

104.17

**B.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-25

Amount of Each Receipt this Period

104.17

**C.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-26

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

229.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-26

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-26

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-27

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

61.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-27

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-27

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-29

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional) .....

50.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-29

Amount of Each Receipt this Period

10.50

**B.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-29

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-30

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

41.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-30

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-30

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-32

Amount of Each Receipt this Period

104.17

**SUBTOTAL** of Receipts This Page (optional) .....

144.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-32

Amount of Each Receipt this Period

104.17

**B.**

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-32

Amount of Each Receipt this Period

104.17

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-33

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

250.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-33

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-33

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-34

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

93.76

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-34

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-34

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-35

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

41.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-35

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-35

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Teresa Mulligan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-8

Amount of Each Receipt this Period

14.58

**SUBTOTAL** of Receipts This Page (optional) .....

56.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Teresa Mulligan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-8

Amount of Each Receipt this Period

14.58

**B.**

Full Name (Last, First, Middle Initial)

Teresa Mulligan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-8

Amount of Each Receipt this Period

14.58

**C.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-36

Amount of Each Receipt this Period

104.17

**SUBTOTAL** of Receipts This Page (optional) .....

133.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-36

Amount of Each Receipt this Period

104.17

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-36

Amount of Each Receipt this Period

104.17

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3116.22

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-37

Amount of Each Receipt this Period

130.47

**SUBTOTAL** of Receipts This Page (optional) .....

338.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3116.22

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-37

Amount of Each Receipt this Period

130.47

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3116.22

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-37

Amount of Each Receipt this Period

130.47

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-38

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

344.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-38

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-38

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-40

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

187.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-40

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-40

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-41

Amount of Each Receipt this Period

37.50

**SUBTOTAL** of Receipts This Page (optional) .....

79.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-41

Amount of Each Receipt this Period

37.50

**B.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-41

Amount of Each Receipt this Period

37.50

**C.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Federal Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-42

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

158.33

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Federal Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-42

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Federal Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-42

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-43

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

208.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-43

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-43

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3294.96

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-44

Amount of Each Receipt this Period

104.17

**SUBTOTAL** of Receipts This Page (optional) .....

187.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3294.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-44

Amount of Each Receipt this Period

104.17

**B.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3294.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-44

Amount of Each Receipt this Period

104.17

**C.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Legislative & Regulatory Analysts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-45

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

218.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Legislative & Regulatory Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-45

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Legislative & Regulatory Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-45

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-46

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

229.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-46

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-46

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1749.96

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-47

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

499.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1749.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-47

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1749.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-47

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-48

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

197.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011012695027-48

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: 201101269521-48

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Press Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.58

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011012694838-50

Amount of Each Receipt this Period

104.17

**SUBTOTAL** of Receipts This Page (optional) .....

166.67

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South BuildingCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
Press Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	1	0

Transaction ID: 2011012695027-50

Amount of Each Receipt this Period

104.17

**B.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South BuildingCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
Press Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: 201101269521-50

Amount of Each Receipt this Period

104.17

SUBTOTAL of Receipts This Page (optional) .....

208.34

TOTAL This Period (last page this line number only) .....

15789.58



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 469D9DC8AD1B345D61F

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 9AF44BAF3C16799CB06

Date of Disbursement

12 / 13 / 2010

Amount of Each Disbursement this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 7AA217155543EAD7514

Date of Disbursement

12 / 29 / 2010

Amount of Each Disbursement this Period

12.00

**SUBTOTAL** of Disbursements This Page (optional) .....

36.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 55

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 178A3E19CFE255E3907</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.74"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 807C13FA3A30000CAFB</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.74"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address 1101 Pennsylvania Ave, NW 11th Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF8EA7BAE0766DF26F5</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.74"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**95.22**

**TOTAL** This Period (last page this line number only) .....

**131.22**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Canseco for Congress

Mailing Address 10004 Wurzbach Road #366

City State Zip Code  
San Antonio TX 78230Purpose of Disbursement  
2010 General Debt RetirementCandidate Name  
Francisco Raul Quico CansecoOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: EEDD55E7F6B53B0A526

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Diane Black for Congress

Mailing Address PO Box 1437

City State Zip Code  
Gallatin TN 37066Purpose of Disbursement  
2010 General Debt RetirementCandidate Name  
Diane BlackOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: B49AF80C0D10504D2A9

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Joe Heck

Mailing Address PO Box 750114

City State Zip Code  
Las Vegas NV 89136Purpose of Disbursement  
2010 General Debt RetirementCandidate Name  
Joseph Heck, Jr.Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: FCD651C708D46B00AB4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Roy Blunt	<b>Transaction ID:</b> F3F418240365F9AA487 <b>Date of Disbursement</b>																				
Mailing Address PO Box 50100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	1	0												
City Springfield State MO Zip Code 65805	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General Debt Retirement Candidate Name Roy D. Blunt	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011																					
<b>B.</b> Full Name (Last, First, Middle Initial) Gardner for Congress	<b>Transaction ID:</b> 49E5DD278D1580A35D3 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	1	0												
City Loveland State CO Zip Code 80539	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 General Debt Retirement Candidate Name Cory Gardner	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011																					
<b>C.</b> Full Name (Last, First, Middle Initial) John Kerry for Senate	<b>Transaction ID:</b> B72E9178354073C195A <b>Date of Disbursement</b>																				
Mailing Address PO Box 78116	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Washington State DC Zip Code 20013	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2014 Primary Candidate Name John F. Kerry	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>Category/Type</b> 011																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)  
Richard Hanna for Congress Committee

Mailing Address 2308 Genesee Street

City State Zip Code  
Utica NY 13502

Purpose of Disbursement  
2010 General Debt Retirement

Candidate Name  
Richard Hanna

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 24

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 2924DC532E5D7CC3FF4

Date of Disbursement

12 / 15 / 2010

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
Stivers for Congress

Mailing Address 4679 Winterset Drive

City State Zip Code  
Columbus OH 43220

Purpose of Disbursement  
2010 General Debt Retirement

Candidate Name  
Steve Stivers

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 15

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 10FB3B08F0707405804

Date of Disbursement

12 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

8000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Committee to Elect Jeff Kruse

Mailing Address 636 Wild Irish Lane

City State Zip Code  
Roseburg OR 97470

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: C48255CFFD9502BA4F2

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Alan Bates

Mailing Address 2859 State Street  
Suite 101

City State Zip Code  
Medford OR 97504

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 9C56B731448FBD4C335

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Dave Hunt

Mailing Address PO Box 68445

City State Zip Code  
Milwaukie OR 97267

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 95E64F496A77BFEAE1F

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 55

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Friends Of Laurie Monnes Anderson

Mailing Address PO Box 1531

City  
Gresham

State  
OR

Zip Code  
97030

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: BEA5926B55AD96DFA42

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Richard Devlin

Mailing Address P.O. Box 2961

City  
Tualatin

State  
OR

Zip Code  
97062

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5DD80B49FF0C3BF60C9

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mitch Greenlick for State Legislature

Mailing Address 712 NW Spring Avenue

City  
Portland

State  
OR

Zip Code  
97229

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B778C42EEFD2BA16204

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

3000.00